pulse

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New England Deaconess Hospital
Boston, Massachusetts

Solutions seen to problems with NEDH's telephone system

"I can't get an outside line when I dial '9'." *"Even after 30 or 40 rings, no one answers the switchboard."* ***"I get cut off from my outside calls."*** *"When I dial '0' the operators don't answer for an eternity!"*

These are typical complaints frequently verbalized by Deaconess' employees and associates. Telephone oriented problems have plagued the Deaconess since the cutover, October 1970, from the old switchboard room on Deaconess 1 to the present location on the Baker roof. The initial 200-odd repair problems has dropped to an average of 15 per day.

One reiterated complaint focuses on the difficulty a caller encounters when he dials the hospital's main number. "The telephone keeps right on ringing, but nobody answers it," is a comment made by irate and/or frustrated people.

This problem is not unique to the Deaconess. All of the hospitals in the immediate vicinity of the Deaconess have the same irritable situation but in varying degrees of intensity.

"The problem is that the '734' exchange has an overload of trunk lines to major institutions. — There are 30 telephone trunk lines servicing the Deaconess alone. — When this Brookline exchange reaches its capacity, all calls are channeled to downtown Boston.

"The calls become waylaid and never even reach the hospital. This is a problem of the telephone company, not the Deaconess or any other hospital," asserts Mr. Lewis E. Carley, communications consultant to NEDH.

"On many occasions, the telephone repair service checked out this problem. They call the Deaconess and receive an indication that the line is ringing. Then, after getting no answer, they call NEDH on another line and ask the operator if she sees the first call 'ringing' on the switchboard. The answer is inevitably 'No.' Therefore, we know the call is routed someplace else," explains Mr. Carley.

"The only solution for the frustrated caller is to hang up the receiver after ten rings and call again," suggests the consultant.

An occasional query from curious observers of the "734" exchange overload is: "Why didn't this happen before the October cutover? After all, the Deaconess had the same telephone number."

"I honestly don't know the answer to that question," is the candid reply of Mr. Carley. "The problem was there, but less intense. Also, complaints may have been brushed aside by the knowledge that a new switchboard would soon be in operation."

Other exchanges that are becoming inefficient because they handle too many trunk lines are: 296, 262, 891, 893, 894 and 899. Carney Hospital, Dorchester, at "296" experiences the same intensity of complaints from people who can't contact the hospital's main switchboard.

"A great deal of the blame for the telephone problems at NEDH falls with the telephone company. They do not have enough plants or trunk lines to handle the volume of calls here or in any heavily populated area throughout the country," states Mr. Carley. There is also a rapid turnover, and therefore a lack of consistency, in the company's repair-service department.

"Any problems encountered after a caller from within the Deaconess secures an outside dial tone is external. This includes being cut off from your party in mid-conversation and the inability to maintain the outside line. These problems have nothing to do with the Deaconess' equipment. However, if the party can't even get the initial dial tone when he picks up the receiver, the problem is internal," asserts the consultant.

"We were running an average of 25-30 reported troubles per day from the date of cutover until the end of February. This has dropped somewhat since then," explains Mr. Carley. "We are making notable progress."

It wouldn't be bad if the complaints were from different people in various areas of the hospital but, many complaints are redundant. For example, extension #2666 was reported out-of-order on a daily basis for several weeks. Until the problem was ultimately solved, the phone was repeatedly repaired only to go out of service again within a matter of hours.

Another example of a past repeated problem area is the connection between the Nurses Central Directory in Boston and the Deaconess Nursing Office. Also, the operating and recovery rooms experienced telephone disorders for four consecutive weekends. In this case, the telephone company discovered an insufficient number of

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Medical Technology School graduates 8 students

Eight students graduated from the New England Deaconess Hospital — New England Baptist Hospital — Northeastern University School of Medical Technology, May 5, at 4:00 p.m. in Harris Hall. On June 20, they will receive their bachelor of arts degree from Northeastern University. Mr. R. D. Lowry, (left) executive vice president; Dr. Bradley E. Copeland, (far right) pathologist and associate director of the school; and Dr. William A. Meissner, chairman of the department of pathology and director of the school, pose with NEDH's medical technology graduates: (l. to r.) Miss Susan C. Black, Miss Ruth A. Raila, Miss Diane E. Dugas and Miss Linda H. Rubinson.

Daily exercise focuses on stairway walking

Since the Deaconess centers every move around patient health care, it is natural that its employees be particularly conscious of personal health. It can be assumed with reasonable accuracy that exercise and good diet are on the minds of hospital employees more than they are on the minds of people in other professions.

If you rarely find time for those daily ten-minute exercises, make them part of your work-day routine. Many people elect to walk, bicycle or even jog to work every day. Another potential exercise too frequently neglected is a walk up and down the good, old-fashioned stairway.

Improved muscle tone can result from this type of walking exercise if it is repeated a few times every day for an extended period of time. In this era of automation, people take an elevator rather than walk two or three flights of stairs to their floor or office.

So, if you are interested in looking sleek in your summer clothes, especially that bathing suit, try a method of exercise that can easily be incorporated into your daily routine — stairway walking. Different muscles are stretched when walking up and down stairs, so pursue stair ascension and descension. This relatively easy exercise will also help your endurance and strength for next year's annual spring marathon sponsored by the Boston Athletic Association.

Graduation near for 48 seniors

The end of three years of study is here for 48 seniors in the NEDH School of Nursing. These young women are being honored at various academic programs during the next few weeks.

Highlighting this time of celebration is commencement on June 8. At 8:15 p.m., graduation exercises begin at the John Hancock Hall, 180 Berkeley Street, Boston. Dr. Raquel Cohen, assistant professor of psychiatry at Harvard Medical School, is the featured speaker.

A baccalaureate service is scheduled for Sunday, June 6, at Boston University's Marsh Chapel, Commonwealth Avenue, Boston. The guest speaker at the 8:00 p.m. event is Dr. Harrell F. Beck from Boston University's School of Theology.

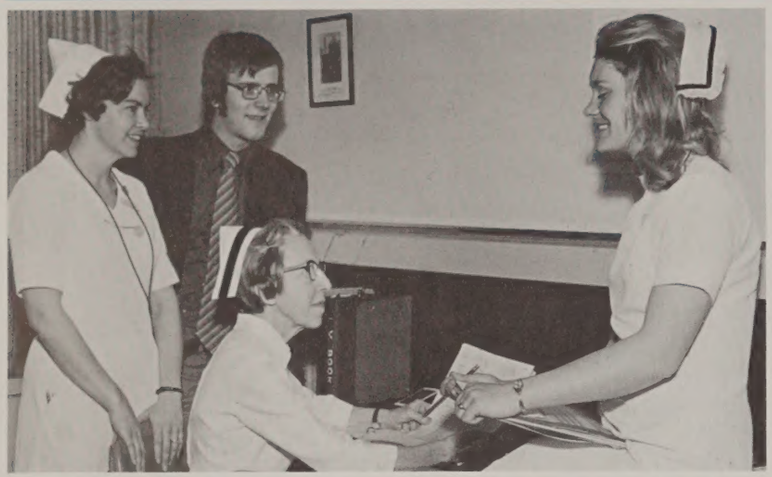
All employees, alumnae and hospital associates are cordially invited to these events.

JUST A THOUGHT:

"Ideals are like stars; you will not succeed in touching them with your hands. But like the seafaring man on the desert of waters, you choose them as your guides, and following them you will reach your destiny."

Carl Schurz

Diabetics' adjustment eased by program at NEDH's Hospital Teaching Unit



Discussing the day's schedule are: (l. to r.) Mrs. Sylvia Aekel, RN; Mr. John Pare, unit coordinator; Miss Lovilla Winterbottom, head nurse, (seated) and Miss Randi Olsen, RN.

"I've really learned a lot here. I'm very, very satisfied!" exclaims a diabetic patient at the Hospital Teaching Unit (HTU) . She had just reviewed her new diet and insulin injection sites with a teaching nurse and was on her way home. Before the day was over, another patient awaiting instruction in the management of diabetes would have taken her place in the unit. With a three-month waiting list, beds don't stay empty for long.

The Deaconess' Hospital Teaching Unit, located in the building owned by the Joslin Diabetes Foundation, Inc., is a unique hospital floor designed specifically for the care of ambulatory diabetics. Patients stay in this unit of NEDH an average of five to seven days, depending upon their medical needs, and they undergo a period of concentrated medical treatment and specialized instruction.

According to Mrs. Robina Graves, supervisor of the teaching nurses, the HTU "is the only one of its type in the country — in the world, really — to have teaching nurses give all the instructions concernng diabetes, including diet."

The teaching nurses interact closely with Joslin physicians. For example, they make rounds together each morning and share the responsibilty of giving patient lectures on various aspects of diabetes. However, it is the teaching nurses who can most effectively program the patients' individual training by working with them on a one-to-one basis.

Each nurse covers one of three sections in the HTU. (There are usually 12 patients per section.) She checks her new admission slips in the morning and interviews these patients carefully to discover in what areas they are weak. Individual instruction is planned accordingly. Teaching nurses also relate class material to their patients' needs. For instance, they help patients work with menus to calculate their own diets.

Regular nursing care — treatment of reactions, medications and injections, booking for x-ray — is attended to by Deaconess nurses working under the direction of head nurse, Miss Lovilla Winterbottom. This enables the teaching nurses to give undivided attention to patient instructon.

The HTU is the visible confirmation of the late Dr. Elliott P. Joslin's belief that registered nurses have the medical knowledge necessary to instruct diabetics on a person-to-person basis. Mrs. Graves, like Miss Winterbottom, was among the first teaching nurses to go into private homes to instruct people with diabetes.

The success of these wandering nurses was evidence that a teaching hospital was needed to educate diabetics. The Joslin Diabetes Foundation with the HTU located on its second floor, was completed in 1957 on the strip of land Dr. Joslin had purchased early in the 1930's.

When first established, the HTU had four staff doctors and two teaching nurses. Today there are ten teaching nurses, including Mrs. Graves. Eight rotate monthly between the HTU, the out patient department of the Joslin Clinic, and the Deaconess, where diabetic patients are hospitalized for complications unrelated to dabetes. There are now fourteen staff doctors who rotate bi-monthly; another will join the staff in June.

Seventy-five per cent of the instruction done at the HTU focuses on diet. Diabetes melletus (sugar diabetes) is an hereditary disease in which the pancreas fails to supply enough effective insulin; the body is therefore unable to utilize carbohydrates, protein, and fats properly. The energy that the body cells require to sustain life and keep the body functioning in a normal manner is not produced from sugar and sugar forming foods.

Teaching Nurse Randi Olsen said recently of one of her patients, "If only she followed her diet she wouldn't have to take oral agents. That's true of so many patients here. They're putting unnecessary strain on their bodies, and it's sad."

According to the Joslin Clinic's *Diabetes Teaching Guide,* 80% of newly discovered adult onset diabetic cases are overweight. Diabetes cannot be cured, but there are several methods of control; all of them include diet. In mild cases, diet alone is sufficient for control. In other instances, diet plus oral blood sugar lowering agents or diet plus insulin injections are used.

"Diet," explains Assistant Supervisor Dianne Quinn, "is preventative medicine. It doesn't guarantee that complications won't arise, especially in the 15-20 year old diabetics, but it is a precaution."

As part of their training, patients are taught to weigh their food. A block of time has been set aside on Tuesday, Thursday and Friday mornings during which small groups of patients meet for this instruction.

By the time patients leave the HTU they're highly independent, responsible for and capable of handling their diet at home and away. Frequently patients return to the clinic to straighten out an insulin imbalance.

Another major task is the teaching of insulin injection. Teaching nurses show patients how to handle insulin and syringes and how to give self-injections. They also encourage patients to learn and rotate all their injection sites. That gives the body tissues a chance to heal, thereby preventing atrophy and hypertrophy.

There is always some initial apprehension about self-injection. According to Miss Quinn, the nurse must not let the patient hesitate, nor transfer any sense of apprehension to him. "It sometimes helps to guide them on the first day. After that initial experience, there usually isn't much difficulty."

Teaching nurses estimate that perhaps 80% of their patients come from out of state or beyond the continental United States. For example, patients have come from Arabia, Greece and continental Europe. It is not unusual for an interpreter to be needed.

"Most of the patients who come to the out patient department are referred to the Teaching Unit from other hospitals," explains Teaching Nurse Nancy Dogga. "Others hear of it through friends, publicity or their private physicians."

There are three lists of people waiting to get into the HTU: a juvenile list, an urgent waiting list and a regular waiting list. They receive priority in that order. Juveniles usually return annually to the HTU for follow-up examinations because they are constantly changing and their needs fluctuate. While most patients stay five to seven days, a child may stay up to ten. Children under age eight must be accompanied by an adult, and it is recommended that a parent stay with a child up to the teen years.

Parents usually handle their child's injections up to the age of 12, but these young diabetics begin to be included in the training program around the age of nine and often learn to manage their own injections even as young as that. Recreation Therapist Mary Hopkins keeps young diabetic children occupied with games and toys while their parents attend morning and afternoon classes.

Mothers often call the teaching nurses for advice after they've been discharged from the HTU. They have to adjust insulin doses for their child at home, and "at first they're scared silly to do this. They know they can call us anytime for instructions and reassurance," asserts Miss Quinn.

Diabetics profit from sharing their training experience. Diet motivation is frequently reinforced and there is the reassuring feeling of not being the only one. "This is particularly excellent for young mothers," adds Miss Quinn.

Assistant Supervisor Dianne Quinn gives Kevin Bilbray instructions for urine testing. Kevin's father, James Bilbray, looks on.

The HTU tries to help the diabetic in other ways, too. For instance, there is a great effort to include the entire family in the learning process. According to Mrs. Graves, the hope is that the brunt of the affliction never will be just on the patient. If a wife is diabetic, they try to include the husband in the teaching process; if an engaged girl is diabetic, they try to instruct her fiancee, too.

To facilitate the inclusion of a diabetic's friends and relations, there is a "Family Night" each week at the teaching unit. Family members and friends can meet informally with the teaching nurses and have a great opportunity to ask any questions and discuss any problems related to diabetes. The nurses are all in accord that "it's the best night of the week."

The HTU is reaching out in its attempt to enlighten people about diabetes and diabetics. On May 3-5 there was a seminar on *The Care and Teaching of Diabetic Patients* for

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Dr. Robert F. Bradley, (left) medical director of the clinic division of the Joslin Diabetes Foundation, and Dr. Leo P. Krall, director of the education division of the Joslin Diabetes Foundation, Joslin Clinic and NEDH, discuss the seminar's dynamics over a cup of coffee.

Third annual diabetes seminar honors 50th anniversary of insulin's discovery

More than 100 nurses and paramedical professionals gathered at the Deaconess Hospital from the eastern portion of the United States, May 3-5, to become part of a dynamic course on *The Care and Teaching of Diabetic Patients.* This year's program, the third annual seminar, commemorated the 50th anniversary of insulin's discovery.

The annual educational course is sponsored by the Deaconess Hospital and the Joslin Diabetes Foundation, Inc. It informs interested professionals of methods for teaching the diabetic patient and his family about diabetes, its treatment and its complications. This year, an emphasis was placed on the young diabetic.

Dr. Leo P. Krall, director of the education division of the Joslin Diabetes Foundation, Joslin Clinic and NEDH, served as chairman of the three-day program. Associate chairmen were: Dr. Donald M. Barnett, Joslin Clinic-internal medicine; Mrs. Robina Graves, supervisor of the diabetes teaching program for NEDH and the Joslin Clinic, and Mr. Gerald Fredrickson, administrator for the Joslin Diabetes Foundation.

Members of the course planning committee were: Mr. William D. Barry, executive director of the Joslin Diabetes Foundation; Dr. Robert F. Bradley, medical director of the clinic division of the Joslin Diabetes Foundations; Miss Johanna Dwyer, R.N. and coordinator of NEDH nursing in-service education; Dr. B. Dan Ferguson, Joslin Clinic-internal medicine; Miss Marjorie Pond, R.N. and coordinator of nursing practice; Miss Norma Slater, R.N. and supervisor of nursing services at Joslin Clinic, and Dr. J. Stuart Soeldner, senior investigator of the Ellott P. Joslin Research Laboratory. Administrative assistants were Mrs. Anne Morrill, from the personnel department of the Joslin Diabetes Foundation, and Miss Nancy Sawyer, secretary to Dr. Krall.

Diabetics' adjustment eased . . .

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nurses and paramedical professionals. Professional people from all over the world frequently visit the HTU facilities. Every year the unit sponsors an observation course that is attended by registered nurses from around the United States and Canada. Many nurses formulate plans to establish teaching units in their own hospitals.

In the spring when Mrs. Graves and Dr. Leo P. Krall, director of the education division of the Joslin Diabetes Foundation, Clinic, and NEDH, travel cross country to give lectures, they visit hospitals to examine these newly established units.

There's a long waiting list of registered nurses who hope to become teaching nurses at Joslin. According to Mrs. Graves her girls "stay at HTU as long as possible."

When Mrs. Graves must seek new nurses, however, she looks for an experienced, and preferably single, registered nurse who expresses an interest in diabetes and perhaps has a background in teaching. Appearance and poise are important; it just wouldn't do for patients to have an excessively overweight teaching nurse instructing them about diet, nor a nurse who couldn't handle herself before an audience.

Because knowledge and techniques are continually changing and being updated, the teaching nurses all find that theirs is a constant learning experience. They spend one month training under Mrs. Graves' supervision, "And you're always learning something new here!" they exclaim.

Personality counts, too. Since the group of training nurses is small, Mrs. Graves must consider whether a prospective teaching nurse will fit in with the team. The candidate must also be approved by HTU Administrator Mr. Gerald Frederickson and by Dr. Donald Barnett, internal medicine, but Mrs. Graves makes the final decision. She must make the right ones because she says unequivocally of her current team, "They're the best operating team I've ever had. They're tops!"

Miss Marilyn Weiss measures her insulin dose while Mrs. Kathleen Sweet, teaching nurse, supervises the procedure.

Mrs. Robina Graves, supervisor of the teaching nurses, looks over "the best team ever." Standing from top to bottom are: Mrs. Graves, Miss Randi Olsen, Miss Karen Neff, Mrs. Kathleen Sweet, Miss Linda Hartz, Miss Dianne Quinn, assistant supervisor; Mrs. Nancy Dogga, Miss Patricia Slomkowski, Miss Wendy Brunning and Mrs. Susan Kaufmann.

Telephone problems

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switches. The problem was alleviated with the installation of additional switches.

In an attempt to free more lines on the switchboard and to free the operator so she can provide better internal service, two remedies will become effective in the near future. The first solution is to open the direct, long-distance line; dial "7"; for patient rooms and motel rooms at 110 Francis Street. The other solution is to transfer the paging system from the switchboard to the newly installed 30-button console.

The dial "7" system directly connects the caller to a long-distance operator without the intervention of the NEDH operators. Each line is coded so the long-distance operator knows the call is from the Deaconess. Credit card, collect and third-party billing calls are the only charge systems acceptable for these dial "7" calls.

Dial "7" frees Deaconess operators for incoming, internal transfer and out-going calls from areas not on the automatic system. It also saves several, time-consuming steps the NEDH operators must take for every long-distant call still made from the hospital.

When the hospital page system transfers to the new automatic console, the telephone lines and operators will be more available for "734" and internal connections. At peak hours, 10 a.m. - 12 noon and 2 p.m. - 4 p.m., position #1 is busy with page calls. This leaves three positions to handle every other call within and coming into or leaving the Deaconess. By installing the console, more connections and lines will be available with which the operators can work. Another operator will be hired for the peak hours to ensure coverage of all four positions.

"During a six-day survey in March, we learned that the freqency of pages over the public address system and, therefore, the noise level, was cut in half by the pocket-page system instituted last fall.

"While we're on the subject of pages, I'd like to interject a point: at least 50% of all pages aren't even necessary. Generally speaking, an employee can think of one or two places his party might be. Instead of dialing the page extension, the caller should dial the extension (s) at which he thinks his party might be found.

"The effect of direct dialing instead of paging, would be to reduce, by 50%, the quantity of pages transmitted through the switchboard by an operator. It would free the operator for other calls and would further reduce the noise level caused by the public address system," explains Mr. Carley.

Last year special efforts were made to build a room atmospherically appropriate for the operation of the new four-position switchboard and to create pleasant sunny surroundings for the telephone operators. Both criteria were met. The efficiency of the operators increased, as did their morale.

One of these qualities, morale, is dangerously low. It's unfair to levy telephone service complaints at the operators who are not the source for their origin. We are receiving excellent cooperation and service from the operators under extremely upsetting circumstances to them and to everyone else associated with the Deaconess.

Employees celebrate over 6,531 years of work

Smiles and joviality marked the sixteenth annual NEDH Service Awards Dinner at the Sheraton-Plaza Hotel, Boston, April 27. The banquet honored over 95 employees who have served the Deaconess for a combined total of 1,055 years. Three thousand six hundred forty-nine (3,649) years of service were represented by past award recipients still active at NEDH, and pensioners represented 1,827 years of service.

Nine employees received an *Award of Merit* from the General Board of Health and Ministries of the United Methodist Church. Mr. R. D. Lowry, executive vice president, presented the other eight service *Awards of Merit* after receiving his own 25-year service *Award of Merit* from Mr. Richard E. Lee, director, in "testimony to (his) ability and endurance." Recipients of the 40-year service awards were: Mr. Russell F. Cowing, radiation therapy pensioner, and Miss Catherine F. Grady, dietary.

Mrs. Kathryn H. Haley, Cancer Research Institute, received the *Award of Merit* for 35 years of service. Miss Lois M. Preston, nursing, received an *Award of Merit* for 30 years at NEDH. Miss Madelyn E. Lendall, dental clinic, was also a recipient of the 30-year service award honor, but was not present to accept it. In addition to Mr. Lowry, the other 25-year *Award of Merit* recipients were: Mrs. Muriel L. Bayne, shock therapy; Mrs. Mildred Currie, nursing, and Mr. Charles K. Spalding Sr., maintenance.

Recipients of the 20-year, 15-year, ten-year and five-year service award pins from the Deaconess were also honored at the banquet, but were given their pins at special teas. Held in Harris Hall, April 13 and 15, the afternoon teas were designed to shorten the time necessary to present awards at the April 27 dinner.

Mr. R. D. Lowry, executive vice president, congratulates Mr. Russell F. Cowing, radiation therapy pensioner, and Miss Catherine F. Grady, dietary, on their 40 years of service to the Deaconess, while Mr. Richard E. Lee, director, watches approvingly.

Recipients of the Award of Merit for 25 years of service to the Deaconess enjoy a laugh with Mr. Richard E. Lee, director. They are: (l. to r.) Mrs. Muriel L. Bayne, shock therapy; Mr. R. D. Lowry, administration; Mrs. Mildred F. Currie, nursing, and Mr. Charles Spalding, maintenance.

Ten-year service award recipients are: (seated l. - r.) Mrs. Mary A. Vinet, nursing; Mrs. Dorothy A. Peterson, housekeeping; Mrs. Helen H. Valleli, pathology; Mr. Richard E. Lee, director; (standing l. - r.) Mr. Hubert D. Sycamore, administration; Mr. Albert Smith, systems, and Mr. Joseph J. Sinoploi, dietary.

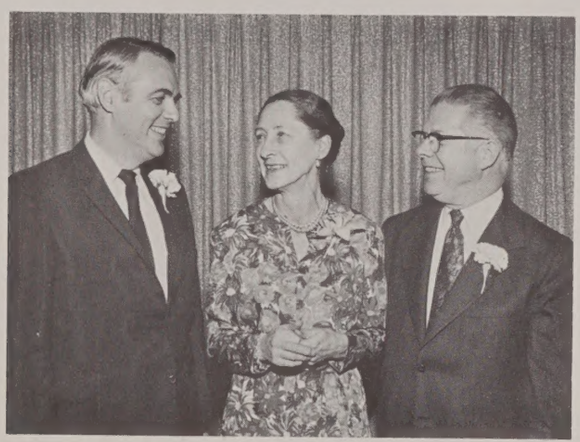
Five-year award winners are: (seated l - r.) Mrs. Algeria Billings, nursing; Mrs. Susan B. Jackson, department of medicine; Miss Carol Kaplan, department of surgery; Mrs. Mary A. Nadeau, surgery; Mrs. Anna E. Yanelli, central service; Mrs. Thelma White, CRI; Mrs. Edith MacNaughton, nursing school; Mrs. Emily E. Gaskin, dietary; Mrs. McNeil K. Crichlow, nursing; (standing l. - r.) Mr. Richard E. Lee, director; Mr. Neil Keating, maintenance; Mr. Everett N. Nickerson, maintenance; Mr. Francis N. Puopulo, central service; Dr. David Skinner, pathology, and Mr. Everett H. Kellogg, maintenance.

Other five-year people not pictured are: Dr. Henry I. Kohn, radiology; Dr. O. Stevens Leland, cardiopulmonary; Miss Ellen M. Lewis, nursing; Miss Pearline McCloud, housekeeping; Mrs. Joan H. Nickerson, nursing; Miss S. Jane Osborne, nursing; Mrs. Marjorie T. Phillibert, nursing; Mr. Rqoul P. Rivera, laundry; Miss Carolyn M. Russell, nursing; Miss Clementine Sallee, nursing; Miss Mary L. Savasik, surgery; Miss Carol A. Thomas, pathology; Miss Fontaine A. Velis, pathology; Mrs. Thersa L. Viola, nursing; Mr. James E. Webster, dietary; Miss Lucy N. White, pathology, and Mr. Richard J. Wilson, housekeeping.

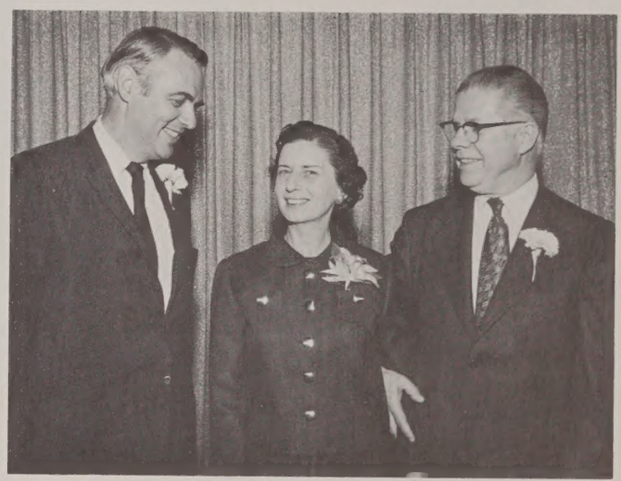
Mr. Richard E. Lee, director, poses with 20-year service pin recipients: (l. - r.) Mrs. Ruth M. Vincent, medical records, and Miss Doris Longmire, service coordination. Other recipients not pictured are: Mr. Dennis Collins, dietary; Dr. Bradley E. Copeland, pathology, and Miss Janet Murch, service coordination.

Five-year pin recipients are: (first row l. - r.) Mrs. Joan B. Luthern, nursing; Miss Patricia R. Basile, nursing; Miss Diane Gulzynski, surgery; Miss Elizabeth Heltsley, dietary; Mrs. Irene C. Hamel, nursing school; (second row l. - r.) Mr. Donald Carmichael, maintenance; Mrs. Elsie Barker, nursing; Mr. Peter Campisano, administration; Mr. Richard E. Lee, director; Reverend Ralph A. Curtis, chaplain, and Miss Jean M. Hopkins, nursing.

Other five-year people not shown are: Miss Dorothy I. Bowen, nursing; Miss Mary A. Boyer, nursing; Mr. Henry K. Dewey Jr., CRI; Mrs. Ruth A. Doogan, recovery room; Miss Judith M. Farias, nursing; Mrs. Edith Gately, housekeeping; Miss Linda J. Glynn, nursing; Mrs. Sol Amalia Gonzalez, laundry; Dr. Olga Greengard, CRI; Mrs. Luz M. Hormaza, laundry, and Mrs. Mattie B. Jacks, nursing.



Mrs. Kathryn H. Haley, CRI, recipient of the Award of Merit for 35 years of service is greeted by Mr. Richard E. Lee, director, and Mr. R. D. Lowry, executive vice president.



Miss Lois Preston, nursing, receives congratulations from Mr. R. D. Lowry, executive vice president, and Mr. Richard E. Lee, director, on her 30 years of service to NEDH. Miss Madelyn E. Lendall, dental clinic, another recipient of the 30-year service Award of Merit was not present for the picture.

at NEDH's service awards banquet . . .

Chaplain Ralph Curtis gave the invocation before dinner was served at the Sheraton-Plaza. After guests finished their delicious meal of fresh fruit supreme, prime ribs of beef au jus and meringue glace, Mr. C. Vincent Vappi, vice president of the NEDH Corporation, extended greetings from the trustees. "What Next" was the title of the address given by Mr. Lowry.

In reference to the Deaconess' expanding physical structure, Mr. Lowry expressed a widely-felt wish that, "we continue to make the hospital, because of our efforts, outstanding because of our attitudes."

Throughout the dinner and reception, background music was provided by Frank Petty and his orchestra. Following the presentation of awards, a vocal group known as the *M.I.T. Logarythms* entertained the guests.

Fifteen-year service award recipients are: (seated l. - r.) Miss Hilda Ewing, service coordination; Miss E. Louise Seymour, medical records; Miss Rose L. Martin, medical records; Mrs. Pauline Lazzara, recovery room; (standing) Mr. Richard E. Lee, director, and Mr. Francis Roga, pharmacy.

Mr. Richard E. Lee, director, stands on the Harris Hall steps with ten-year award recipients: (l. - r.) Mr. Robert E. Clark, radiology; Mrs. L. Millimaci Anderson, nursing school; Mr. Dean Annis, accounting; Mr. Brian W. Beriner, CRI, and Mr. Dennis G. Trayers, maintenance. Other ten-year pin recipients not picured are: Mr. Michael Bracken, grounds; Miss Barbara Brookes, nursing school; Miss Helen K. Callahan, service coordination, and Miss Beverly A. Rogers, nursing.

. . . a happy evening for everyone

Mr. Richard E. Lee, director, joins 15-year award recipients: (l. - r.) Miss Shirley M. Baldwin, nursing; Mr. Albert Hiltz, maintenance; Miss Fern Jewett, nursing school; Mrs. Vivian L. Carlson, nursing school, and Mrs. Rose Brooks, medical records. Other recipients not shown are: Mr. Howard Brackett, housekeeping; Miss Rita McKeeman, pathology, and Mrs. Ilse D. Mertens, pathology.

Miss Catherine F. Grady, recipient of one of two 40-year service Awards of Merit, is congratulated by Mr. R. D. Lowry, executive vice president, and Mr. Richard E. Lee, director.

Deaconess employees relax at the 1971 Service Awards Dinner, April 27, at the Sheraton-Plaza Hotel.

Mr. Richard E. Lee, director, poses on the Harris Hall steps with 20-year pin recipients: (l. - r.) Miss Rita M. Brennan, dietary; Miss Rosanna Chute, CRI, and Mrs. Mary J. Bailey, housekeeping.

Several pensioners who are past award recipients were present at the 1971 Service Awards Dinner. They are: (seated l. to r.) Margaret M. McCarthy, Lucille Allen, Ada Tompkins, Mary E. Connolly, Celia Regan, Anna T. Hyde, Mary E. McDonald, Catherine Geyer, Edith D. Wetterlow, A. Ethel Nickerson, (standing l. to r.) Richard E. Lee, director; Harriet Sherburne, Robert L. Gray, Elmer A. Pedersen, Milton B. Nelson, Russell F. Cowing, Harry L. Hurley, W. Edward Gauntlett, Louise H. Walker, Charles W. Buzzell, Mary J. Marcott, Artemis Kalousdian, Beryl B. Paine, Dr. Edna Tompkins and R. D. Lowry, executive vice president.

Patients express gratitude . . .

Letters of gratitude from patients or their families are frequently written to various departments, floors, units or individuals. Occasionally these letters are forwarded to the public relations department. Several of these letters are printed on this page. Each correspondence says "Thank you" to you — the people who give the compassion and care that is the Deaconess.

The following letter was sent to Baker 4:

It is with great sadness that I write to you concerning my late brother-in-law. However, our sadness has been lessened and our burden of grief lightened because of the care you afforded Frank during his last hours and the consolation you extended to my wife and I.

I am sure that in Frank's condition he was not fully aware of all the small acts of kindness you performed for him. It was not necessary for you to comb his hair or change his pajamas and bed linen, yet I am sure that he was more comfortable because of it. You did not have to make coffee for my wife and I. After going off duty that night you did not have to come to Frank's room to offer your condolence and your prayers. Yet these were the acts that helped to lessen our grief and our sadness.

In spite of the time you spent with Frank, I noted that the other patients in your care were not neglected but received your professional help. The extra care you provided for Frank was not at the expense of the other patients but was provided in addition to your regular duties.

I, along with the rest of Frank's family, want to thank you sincerely for your kindness during a very trying time. You are truly a credit to your profession.

Sincerely yours,
Harold R. Peffer
Roslindale, Mass.

The following excerpt is from a letter to Palmer 5 from a grateful Dedham patient:

For my part I do not remember very much about Saturday, the 13th, the first of two hectic days. It took me many hours to link the first voice to a face, but from that point on it was all uphill. I do remember that any time I awoke or at least was conscious of what was going on, there was always someone there with a soothing voice, a hand and a pair of alert concerned eyes watching from above a mask . . .

As you might imagine I am an extremely grateful man and a large part of that gratitude goes to you. You are a beautiful, dedicated group of professionals.

R. Spindler

Dear Mr. Lowry:

At 11:00 o'clock on a cold and rainy night, a police ambulance brought me to your door, a victim of a hit-and-run accident.

The quiet efficiency of the personnel combined with genuine personal concern and interest made those first hours bearable and many hours of the following three weeks even enjoyable.

All of the many with whom I came in contact: messengers, household personnel, dieticians, ward aides, x-ray technicians, students and nurses, were unfailingly courteous and patient and professionally competent.

My congratulations to you on heading such a staff and my heartfelt thanks to all of them.

M. Frances H. Smith, M.D.
Boston, Mass.

. . . for quality care

Dear Mr. Lee:

My mother was recently a patient at the N. E. Deaconess Hospital. I would like you to know how thankful and pleased we are with the care that she received. She was on Baker 3, prior to surgery, then in the Coronary Intensive Care Unit (which by the way was perfect in every way — the nurses were so kind and well trained — and had a lot to do with my mother's rapid recovery) and finally to Central 10.

Mother is due to return home today from a convalescent home and we are so very thankful. It has been a long, uncomfortable recuperation but she is finally well.

Thank you to all of the wonderful doctors and nurses at the Deaconess for helping to make this day possible.

Sincerely,
Mrs. Gerald Sowsy
Chestnut Hill, Mass.

NEW LIBRARY BOOKS

NONFICTION

Gypsies
Bart McDowell. A recent look at the wandering races of Europe.

The Music Of Their Laughter
Roderick Thorp. Interviews with choice representatives of the youth culture.

FICTION

The Dark On The Other Side
Barbara Michaels. Suspense and mystery.

The Elephant Valley
Finis Farr. A spy thriller.

The House In November
Keith Laumer. Science Fiction.

The Imitation Thieves
Marc Lovell. Mystery.

The Wheel Of Love
Joyce Carol Oates. A collection of short stories.

The World Menders
Lloyd Biggle. Science Fiction.

Then There Grew Up A Generation
Thyra Ferre Bjorn. A minister's problems in today's secular and skeptical world.

Where Do We Go From Here?
Isaac Asimov, ed. A collection of outstanding science fiction.

LA BIBLIOTECA DE ESPANOL

ATENCION: Los empleados de habla Espanola estan invitados a visitar La Biblioteca para Pacientes y Empleados situada en el edificio Deaconess I. Tenemos las siguientes revistas para su entretenimiento:

Buenhogar
Selecciones del Reader's Digest
Temas
Translation

ATTENTION: Spanish speaking employees are invited to visit the Patients' and Employees' Library located on Deaconess I. We are now receiving the following magazines for your reading pleasure:

Good Housekeeping (Buenhogar)
Selections from the Reader's Digest
(Selecciones del Reader's Digest)
(Temas)

Dear Mr. Lee:

Writing this letter is a very pleasant duty. I wish to commend you and the people connected with the New England Deaconess Hospital for establishing and activating the tremendous Special Care Unit. I have recently been a patient who enjoyed their tender ministrations and I would say that as an organization, they are *CHAMPS.*

James J. Dillon
Providence, Rhode Island

Dear Mr. Lowry:

This brief note is intended to convey my appreciation through you to your staff for the efficient and thoughtful manner in which each individual carried out his or her personal job responsibilities during my recent sojourn in Palmer.

I told Dr. Sedgewick a week or so ago that I marveled at the uniformly high-level attitude apparently held by all Deaconess employees toward their employer. Dr. Sedgewick's response was that my comment might possibly be more meaningful if directed to you.

Perhaps I am overly conscious of whether employees are satisfied or dissatisfied with their lot. In any event, I believe the Deaconess staff of professionals, non-professionals, regulars and "floaters" must be an almost wholly satisfied group. I trust this situation will continue to reflect to your credit indefinitely.

Robert J. Sorenson
Scarsdale, New York

Pharmacy expands scope of responsibility

During the past few months, the pharmacy has become more involved with the preparation of intravenous admixtures. Previously considered "routine procedure" for intravenous nurses, the admixture preparations are being assumed by the pharmacy as a result of several years of research by NEDH's Drug and Medications Committee.

Intravenous nurses and pharmacists began a pilot study December 15, on Deaconess 4 to determine the best way to smoothly transfer the role of preparing intravenous admixtures. The Deaconess 4 study was profitable and when Central eleven opened on January 4-6, the pharmacy expanded its scope of responsibilities over admixture preparations. It subsequently did the same as other Central-addition floors opened. Eventually, on a floor-by-floor basis, the entire hospital will work under the newly adopted admixture program.

An admixture is a special type of intravenous preparation that results when a drug is added to a pre-existing intravenous solution or infusion. The Federal Drug Administration states that, "Pharmacists may receive prescription orders calling for FDA approved drugs to prepare non-approved drugs."

This means that a pharmacist prepares an extemporaneous prescription by taking an FDA approved solution like dextrose 5% plus water and FDA approved additives like potassium chloride plus vitamins B and C. Since pharmacists are trained in drug-balance and compatability, optimal safety of the admixture is ensured.

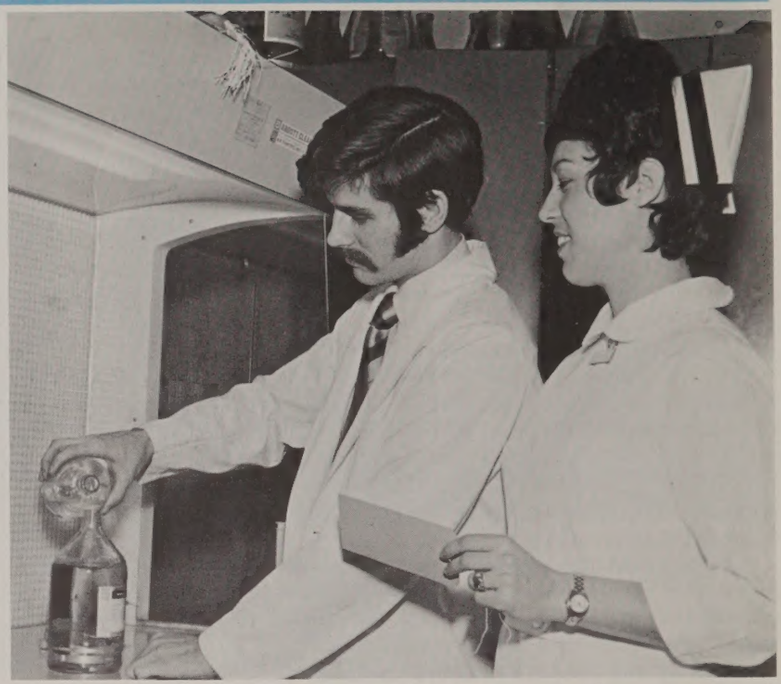
Although the Deaconess 4 pilot study is now complete, the pharmacists and intravenous nurses still work as a team to find guidelines for program improvement. Intravenous nurses rotate visits to the pharmacy where they offer suggestions and, whenever possible, pharmacists visit the floors to work with the intravenous nurses. These exchanged consultations will continue until the program adaptation is running smoothly in the entire hospital.

Until the recent developments within the pharmacy, intravenous nurses performed the pharmaceutical process of mixing the solution and additive. Since the pharmacy is better equipped and practices drug-use-control precautions, it is better able to assimilate the admixture preparations. It is able to conduct visual and non-visual studies for drug compatability in all intravenous admixtures. Before being delivered from the pharmacy to the floors, all admixtures are labeled with the name and amount of the added drug, date and time of the addition, any cautions and the name of the person who prepared the admixture.

Pharmacists now receive a copy of the doctor's original orders from which they make the admixture. Then, by preparing admixtures in the pharmacy's Laminar Clean Air Center, an aseptically clean environment, sterility of the intravenous solutions is maintained. The Clean Air Center is prefiltered and has an additional hepa-filter high-efficiency unit. It voids 99.9% of the bacteria and viruses that are a fraction of a micron in size from the preparatory area.

As the pharmacy expands its responsibility for intravenous admixtures, floor by floor, the workload of the intravenous nurses is lifted. The nurses are able to spend more time with patients and on remaining responsibilities, such as: starting all intravenous treatments, changing tubing every three days for patients who have continous intravenous, checking the injection area, doing all blood transfusions and all intravenous restarts. There are less than 20 full-time intravenous nurses doing these tasks for the hospital.

The question of the pharmacy taking charge of the admixture procedure has been discussed for several years by the Deaconess' Drug and Medications Committee. Mr. Philip P. Pacella, pharmacist, is coordinator of the recently implemented program. Eventually, the admixture procedure, as done by the pharmacy, will involve all of the patient-care units in the Deaconess.



Intravenous therapy nurse, Mrs. Marilyn Paul, watches Pharmacist Paul O'Connor prepare an admixture at the pharmacy's Laminar Clean Air Center.

A year ago, the American Hospital Association (AHA) interpreted "Standards for Hospital Accreditation" established by the Joint Commission on Accreditations of Hospitals, as saying, "The director of pharmaceutical services should be responsible for manufacturing pharmaceuticals, when this is done in the hospital, including the admixture of parenteral products, when feasible."

The interpretation of the AHA influenced the NEDH Drug and Medications Committee's decision and expedited their implementation of the pharmacy-based admixture process.

Gift Shop offers summer line

Stop by the NEDH Gift Shop and see the latest seasonal items. The new line of goods is for the spring and summer buyer. There is also a refreshing, newly-arrived stock of every day things for non-seasonal use. The shop, located adjacent to the Central lobby, is open from 9:00 a.m. - 4:30 p.m. on weekdays and from 1:00 - 4:30 p.m. on Saturdays.

The special spring-summer line includes: Sheffield watches, red-white and blue jewelry, unusual pot holders, barbeque bibs and outdoor aprons, ice buckets with matching tumblers, Hoffritz's Swiss cutlery, fruit-fragranted bubble bath, lucite paper weights, Cordon Blea French china, English demitasse sets and well-insulated thermos bottles.

New England Deaconess Hospital
185 Pilgrim Road
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pulse

The New England Deaconess Hospital Complex, including the Medical Office Building at One Ten Francis Street, Lahey and Overholt Thoracic Clinics, the Joslin Diabetes Foundation, Inc., the Cancer Research Institute and the Shields Warren Radiation Laboratory, is internationally known for diagnosis, treatment and research in general medicine, brain and chest surgery, cancer and diabetes.

PULSE is published monthly by the Public Relations Department of the New England Deaconess Hospital.

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SERVICE AWARDS DINNER: **See pages 4, 5 and 6.**

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